



## **2014-2015 Medical, Dental, Vision, Life Insurance/AD&D Monthly Premiums by Category**

Click on your category and/or group name to view monthly premiums:

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[Dental Plans \(For all categories\)](#)

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Note: These rates apply to regular full-time employees working 35+ hours per week. The rates are pro-rated for part-time employees working 20-34 hours per week. Paydays occur on the 7th and 22nd of each month. These monthly premium rates are deducted from two paychecks (Example: \$20 premium: \$10 is deducted on the 7th paycheck and \$10 is deducted on the 22nd paycheck.)

# Medical, Dental, Vision & Life Insurance/AD&D Monthly Premiums by Category

*Note: These rates apply to regular full-time employees working 35+ hours per week. The rates are pro-rated for part-time employees working 20-34 hours per week.*

<b>CATEGORY A - AFSCME, Non-represented, and Elected Officials</b>			
<b>REGENCE PLAN A #10008695</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$5.00	\$1,173.51	N/A
02-Employee+Spouse	\$20.00	\$1,173.51	N/A
03-Employee+Child	\$8.00	\$1,173.51	N/A
04-Employee+Family	\$24.00	\$1,173.51	N/A
05-Employee+Domestic Partner	\$20.00	\$1,173.51	\$644.94
06-Employee+Domestic Partner Child	\$8.00	\$1,173.51	\$458.96
07-Employee+Child+Domestic Partner Child	\$8.00	\$1,173.51	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$24.00	\$1,173.51	\$457.97
09-Employee+Child+Domestic Partner	\$24.00	\$1,173.51	\$643.95
10-Employee+Domestic Partner+Domestic Partner Child	\$24.00	\$1,173.51	\$1,102.91
<b>REGENCE PLAN B #10008695</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$10.00	\$1,173.51	N/A
02-Employee+Spouse	\$39.00	\$1,173.51	N/A
03-Employee+Child	\$17.00	\$1,173.51	N/A
04-Employee+Family	\$46.00	\$1,173.51	N/A
05-Employee+Domestic Partner	\$39.00	\$1,173.51	\$662.73
06-Employee+Domestic Partner Child	\$17.00	\$1,173.51	\$477.21
07-Employee+Child+Domestic Partner Child	\$17.00	\$1,173.51	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$46.00	\$1,173.51	\$477.21
09-Employee+Child+Domestic Partner	\$46.00	\$1,173.51	\$662.73
10-Employee+Domestic Partner+Domestic Partner Child	\$46.00	\$1,173.51	\$1,139.94
<b>GROUP HEALTH #5910400</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$0.00	\$1,173.51	N/A
02-Employee+Spouse	\$0.00	\$1,173.51	N/A
03-Employee+Child	\$0.00	\$1,173.51	N/A
04-Employee+Family	\$0.00	\$1,173.51	N/A
05-Employee+Domestic Partner	\$0.00	\$1,173.51	\$539.02
06-Employee+Domestic Partner Child	\$0.00	\$1,173.51	\$377.33
07-Employee+Child+Domestic Partner Child	\$0.00	\$1,173.51	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$0.00	\$1,173.51	\$377.34
09-Employee+Child+Domestic Partner	\$0.00	\$1,173.51	\$539.03
10-Employee+Domestic Partner+Domestic Partner Child	\$0.00	\$1,173.51	\$916.36

# Medical, Dental, Vision & Life Insurance/AD&D Monthly Premiums by Category

*Note: These rates apply to regular full-time employees working 35+ hours per week. The rates are pro-rated for part-time employees working 20-34 hours per week.*

<b>CATEGORY B - Teamsters Local 763 Law Enforcement Support</b>			
<b>REGENCE PLAN A #10008695</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$27.00	\$1,121.34	N/A
02-Employee+Spouse	\$104.00	\$1,121.34	N/A
03-Employee+Child	\$46.00	\$1,121.34	N/A
04-Employee+Family	\$124.00	\$1,121.34	N/A
05-Employee+Domestic Partner	\$104.00	\$1,121.34	\$582.94
06-Employee+Domestic Partner Child	\$46.00	\$1,121.34	\$442.96
07-Employee+Child+Domestic Partner Child	\$46.00	\$1,121.34	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$124.00	\$1,121.34	\$441.97
09-Employee+Child+Domestic Partner	\$124.00	\$1,121.34	\$581.95
10-Employee+Domestic Partner+Domestic Partner Child	\$124.00	\$1,121.34	\$1,024.91
<b>REGENCE PLAN B #10008695</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$41.00	\$1,121.34	N/A
02-Employee+Spouse	\$158.00	\$1,121.34	N/A
03-Employee+Child	\$71.00	\$1,121.34	N/A
04-Employee+Family	\$188.00	\$1,121.34	N/A
05-Employee+Domestic Partner	\$158.00	\$1,121.34	\$574.73
06-Employee+Domestic Partner Child	\$71.00	\$1,121.34	\$454.21
07-Employee+Child+Domestic Partner Child	\$71.00	\$1,121.34	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$188.00	\$1,121.34	\$454.21
09-Employee+Child+Domestic Partner	\$188.00	\$1,121.34	\$574.73
10-Employee+Domestic Partner+Domestic Partner Child	\$188.00	\$1,121.34	\$1,028.94
<b>GROUP HEALTH #5910400</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$0.00	\$1,121.34	N/A
02-Employee+Spouse	\$0.00	\$1,121.34	N/A
03-Employee+Child	\$0.00	\$1,121.34	N/A
04-Employee+Family	\$0.00	\$1,121.34	N/A
05-Employee+Domestic Partner	\$0.00	\$1,121.34	\$539.02
06-Employee+Domestic Partner Child	\$0.00	\$1,121.34	\$377.33
07-Employee+Child+Domestic Partner Child	\$0.00	\$1,121.34	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$0.00	\$1,121.34	\$377.34
09-Employee+Child+Domestic Partner	\$0.00	\$1,121.34	\$539.03
10-Employee+Domestic Partner+Domestic Partner Child	\$0.00	\$1,121.34	\$916.36

# Medical, Dental, Vision & Life Insurance/AD&D Monthly Premiums by Category

*Note: These rates apply to regular full-time employees working 35+ hours per week. The rates are pro-rated for part-time employees working 20-34 hours per week.*

<b>CATEGORY C - Teamsters Local 763 Corrections Support</b>			
<b>REGENCE PLAN A #10008695</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$27.00	\$1,121.34	N/A
02-Employee+Spouse	\$104.00	\$1,121.34	N/A
03-Employee+Child	\$46.00	\$1,121.34	N/A
04-Employee+Family	\$124.00	\$1,121.34	N/A
05-Employee+Domestic Partner	\$104.00	\$1,121.34	\$582.94
06-Employee+Domestic Partner Child	\$46.00	\$1,121.34	\$442.96
07-Employee+Child+Domestic Partner Child	\$46.00	\$1,121.34	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$124.00	\$1,121.34	\$441.97
09-Employee+Child+Domestic Partner	\$124.00	\$1,121.34	\$581.95
10-Employee+Domestic Partner+Domestic Partner Child	\$124.00	\$1,121.34	\$1,024.91
<b>REGENCE PLAN B #10008695</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$41.00	\$1,121.34	N/A
02-Employee+Spouse	\$158.00	\$1,121.34	N/A
03-Employee+Child	\$71.00	\$1,121.34	N/A
04-Employee+Family	\$188.00	\$1,121.34	N/A
05-Employee+Domestic Partner	\$158.00	\$1,121.34	\$574.73
06-Employee+Domestic Partner Child	\$71.00	\$1,121.34	\$454.21
07-Employee+Child+Domestic Partner Child	\$71.00	\$1,121.34	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$188.00	\$1,121.34	\$454.21
09-Employee+Child+Domestic Partner	\$188.00	\$1,121.34	\$574.73
10-Employee+Domestic Partner+Domestic Partner Child	\$188.00	\$1,121.34	\$1,028.94
<b>GROUP HEALTH #5910400</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$0.00	\$1,121.34	N/A
02-Employee+Spouse	\$0.00	\$1,121.34	N/A
03-Employee+Child	\$0.00	\$1,121.34	N/A
04-Employee+Family	\$0.00	\$1,121.34	N/A
05-Employee+Domestic Partner	\$0.00	\$1,121.34	\$539.02
06-Employee+Domestic Partner Child	\$0.00	\$1,121.34	\$377.33
07-Employee+Child+Domestic Partner Child	\$0.00	\$1,121.34	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$0.00	\$1,121.34	\$377.34
09-Employee+Child+Domestic Partner	\$0.00	\$1,121.34	\$539.03
10-Employee+Domestic Partner+Domestic Partner Child	\$0.00	\$1,121.34	\$916.36

# Medical, Dental, Vision & Life Insurance/AD&D Monthly Premiums by Category

*Note: These rates apply to regular full-time employees working 35+ hours per week. The rates are pro-rated for part-time employees working 20-34 hours per week.*

<b>CATEGORY D - Sheriff Deputies/Sergeants (DSA), Lieutenants/Captains(SOMT)</b>			
<b>REGENCE SC SELECT #10008695</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$29.00	\$1,256.69	N/A
02-Employee+Spouse	\$110.00	\$1,256.69	N/A
03-Employee+Child	\$96.00	\$1,256.69	N/A
04-Employee+Family	\$135.00	\$1,256.69	N/A
05-Employee+Domestic Partner	\$110.00	\$1,256.69	\$520.99
06-Employee+Domestic Partner Child	\$96.00	\$1,256.69	\$354.40
07-Employee+Child+Domestic Partner Child	\$96.00	\$1,256.69	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$135.00	\$1,256.69	\$396.41
09-Employee+Child+Domestic Partner	\$135.00	\$1,256.69	\$563.00
10-Employee+Domestic Partner+Domestic Partner Child	\$135.00	\$1,256.69	\$917.40
<b>REGENCE PPO (Traditional) #10008695</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$84.00	\$1,256.69	N/A
02-Employee+Spouse	\$220.00	\$1,256.69	N/A
03-Employee+Child	\$190.00	\$1,256.69	N/A
04-Employee+Family	\$284.00	\$1,256.69	N/A
05-Employee+Domestic Partner	\$220.00	\$1,256.69	\$521.10
06-Employee+Domestic Partner Child	\$190.00	\$1,256.69	\$353.97
07-Employee+Child+Domestic Partner Child	\$190.00	\$1,256.69	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$284.00	\$1,256.69	\$395.97
09-Employee+Child+Domestic Partner	\$284.00	\$1,256.69	\$563.10
10-Employee+Domestic Partner+Domestic Partner Child	\$284.00	\$1,256.69	\$917.07
<b>GROUP HEALTH # 0617700</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$12.00	\$1,256.69	N/A
02-Employee+Spouse	\$76.00	\$1,256.69	N/A
03-Employee+Child	\$67.00	\$1,256.69	N/A
04-Employee+Family	\$90.00	\$1,256.69	N/A
05-Employee+Domestic Partner	\$76.00	\$1,256.69	\$521.18
06-Employee+Domestic Partner Child	\$67.00	\$1,256.69	\$354.62
07-Employee+Child+Domestic Partner Child	\$67.00	\$1,256.69	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$90.00	\$1,256.69	\$395.61
09-Employee+Child+Domestic Partner	\$90.00	\$1,256.69	\$562.17
10-Employee+Domestic Partner+Domestic Partner Child	\$90.00	\$1,256.69	\$916.79

# Medical, Dental, Vision & Life Insurance/AD&D Monthly Premiums by Category

*Note: These rates apply to regular full-time employees working 35+ hours per week. The rates are pro-rated for part-time employees working 20-34 hours per week.*

<b>CATEGORY E - Clerk's Association</b>			
<b>REGENCE PLAN A #10008695</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$5.00	\$1,173.51	N/A
02-Employee+Spouse	\$20.00	\$1,173.51	N/A
03-Employee+Child	\$8.00	\$1,173.51	N/A
04-Employee+Family	\$24.00	\$1,173.51	N/A
05-Employee+Domestic Partner	\$20.00	\$1,173.51	\$644.94
06-Employee+Domestic Partner Child	\$8.00	\$1,173.51	\$458.96
07-Employee+Child+Domestic Partner Child	\$8.00	\$1,173.51	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$24.00	\$1,173.51	\$457.97
09-Employee+Child+Domestic Partner	\$24.00	\$1,173.51	\$643.95
10-Employee+Domestic Partner+Domestic Partner Child	\$24.00	\$1,173.51	\$1,102.91
<b>REGENCE PLAN B #10008695</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$10.00	\$1,173.51	N/A
02-Employee+Spouse	\$39.00	\$1,173.51	N/A
03-Employee+Child	\$17.00	\$1,173.51	N/A
04-Employee+Family	\$46.00	\$1,173.51	N/A
05-Employee+Domestic Partner	\$39.00	\$1,173.51	\$662.73
06-Employee+Domestic Partner Child	\$17.00	\$1,173.51	\$477.21
07-Employee+Child+Domestic Partner Child	\$17.00	\$1,173.51	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$46.00	\$1,173.51	\$477.21
09-Employee+Child+Domestic Partner	\$46.00	\$1,173.51	\$662.73
10-Employee+Domestic Partner+Domestic Partner Child	\$46.00	\$1,173.51	\$1,139.94
<b>GROUP HEALTH #5910400</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$0.00	\$1,173.51	N/A
02-Employee+Spouse	\$0.00	\$1,173.51	N/A
03-Employee+Child	\$0.00	\$1,173.51	N/A
04-Employee+Family	\$0.00	\$1,173.51	N/A
05-Employee+Domestic Partner	\$0.00	\$1,173.51	\$539.02
06-Employee+Domestic Partner Child	\$0.00	\$1,173.51	\$377.33
07-Employee+Child+Domestic Partner Child	\$0.00	\$1,173.51	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$0.00	\$1,173.51	\$377.34
09-Employee+Child+Domestic Partner	\$0.00	\$1,173.51	\$539.03
10-Employee+Domestic Partner+Domestic Partner Child	\$0.00	\$1,173.51	\$916.36

# Medical, Dental, Vision & Life Insurance/AD&D Monthly Premiums by Category

*Note: These rates apply to regular full-time employees working 35+ hours per week. The rates are pro-rated for part-time employees working 20-34 hours per week.*

<b>CATEGORY F - Corrections Guild</b>			
<b>REGENCE SC SELECT #10008695</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$25.00	\$1,223.62	N/A
02-Employee+Spouse	\$95.00	\$1,223.62	N/A
03-Employee+Child	\$85.00	\$1,223.62	N/A
04-Employee+Family	\$120.00	\$1,223.62	N/A
05-Employee+Domestic Partner	\$95.00	\$1,223.62	\$657.28
06-Employee+Domestic Partner Child	\$85.00	\$1,223.62	\$449.09
07-Employee+Child+Domestic Partner Child	\$85.00	\$1,223.62	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$120.00	\$1,223.62	\$484.09
09-Employee+Child+Domestic Partner	\$120.00	\$1,223.62	\$692.28
10-Employee+Domestic Partner+Domestic Partner Child	\$120.00	\$1,223.62	\$1,141.37
<b>REGENCE PPO #10008695</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$58.00	\$1,223.62	N/A
02-Employee+Spouse	\$195.00	\$1,223.62	N/A
03-Employee+Child	\$98.00	\$1,223.62	N/A
04-Employee+Family	\$235.00	\$1,223.62	N/A
05-Employee+Domestic Partner	\$195.00	\$1,223.62	\$619.36
06-Employee+Domestic Partner Child	\$98.00	\$1,223.62	\$489.45
07-Employee+Child+Domestic Partner Child	\$98.00	\$1,223.62	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$235.00	\$1,223.62	\$489.46
09-Employee+Child+Domestic Partner	\$235.00	\$1,223.62	\$619.37
10-Employee+Domestic Partner+Domestic Partner Child	\$235.00	\$1,223.62	\$1,108.82
<b>GROUP HEALTH #6432900</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$0.00	\$1,223.62	N/A
02-Employee+Spouse	\$0.00	\$1,223.62	N/A
03-Employee+Child	\$0.00	\$1,223.62	N/A
04-Employee+Family	\$0.00	\$1,223.62	N/A
05-Employee+Domestic Partner	\$0.00	\$1,223.62	\$538.82
06-Employee+Domestic Partner Child	\$0.00	\$1,223.62	\$377.19
07-Employee+Child+Domestic Partner Child	\$0.00	\$1,223.62	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$0.00	\$1,223.62	\$377.20
09-Employee+Child+Domestic Partner	\$0.00	\$1,223.62	\$538.83
10-Employee+Domestic Partner+Domestic Partner Child	\$0.00	\$1,223.62	\$916.02



# Medical, Dental, Vision & Life Insurance/AD&D Monthly Premiums by Category

*Note: These rates apply to regular full-time employees working 35+ hours per week. The rates are pro-rated for part-time employees working 20-34 hours per week.*

<b>CATEGORY G - IAFF Local 2597 Airport Fire Fighters</b>			
<b>REGENCE SC SELECT #10008695</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$151.00	\$1,224.58	N/A
02-Employee+Spouse	\$151.00	\$1,224.58	N/A
03-Employee+Child	\$151.00	\$1,224.58	N/A
04-Employee+Family	\$151.00	\$1,224.58	N/A
05-Employee+Domestic Partner	\$151.00	\$1,224.58	\$601.99
06-Employee+Domestic Partner Child	\$151.00	\$1,224.58	\$421.40
07-Employee+Child+Domestic Partner Child	\$151.00	\$1,224.58	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$151.00	\$1,224.58	\$421.41
09-Employee+Child+Domestic Partner	\$151.00	\$1,224.58	\$602.00
10-Employee+Domestic Partner+Domestic Partner Child	\$151.00	\$1,224.58	\$1,023.40
<b>REGENCE PPO (Traditional) #10008695</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$165.00	\$1,224.58	N/A
02-Employee+Spouse	\$165.00	\$1,224.58	N/A
03-Employee+Child	\$165.00	\$1,224.58	N/A
04-Employee+Family	\$165.00	\$1,224.58	N/A
05-Employee+Domestic Partner	\$165.00	\$1,224.58	\$657.10
06-Employee+Domestic Partner Child	\$165.00	\$1,224.58	\$459.97
07-Employee+Child+Domestic Partner Child	\$165.00	\$1,224.58	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$165.00	\$1,224.58	\$459.97
09-Employee+Child+Domestic Partner	\$165.00	\$1,224.58	\$657.10
10-Employee+Domestic Partner+Domestic Partner Child	\$165.00	\$1,224.58	\$1,117.07
<b>GROUP HEALTH #0617700</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$147.00	\$1,224.58	N/A
02-Employee+Spouse	\$147.00	\$1,224.58	N/A
03-Employee+Child	\$147.00	\$1,224.58	N/A
04-Employee+Family	\$147.00	\$1,224.58	N/A
05-Employee+Domestic Partner	\$147.00	\$1,224.58	\$585.18
06-Employee+Domestic Partner Child	\$147.00	\$1,224.58	\$409.62
07-Employee+Child+Domestic Partner Child	\$147.00	\$1,224.58	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$147.00	\$1,224.58	\$409.61
09-Employee+Child+Domestic Partner	\$147.00	\$1,224.58	\$585.17
10-Employee+Domestic Partner+Domestic Partner Child	\$147.00	\$1,224.58	\$994.79



# Medical, Dental, Vision & Life Insurance/AD&D Monthly Premiums by Category

Note: These rates apply to regular full-time employees working 35+ hours per week. The rates are pro-rated for part-time employees working 20-34 hours per week.

CATEGORY H - Teamsters Local 763 Sergeants and Lieutenants			
REGENCE SC SELECT #10008695	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$25.00	\$1,223.62	N/A
02-Employee+Spouse	\$95.00	\$1,223.62	N/A
03-Employee+Child	\$85.00	\$1,223.62	N/A
04-Employee+Family	\$120.00	\$1,223.62	N/A
05-Employee+Domestic Partner	\$95.00	\$1,223.62	\$657.28
06-Employee+Domestic Partner Child	\$85.00	\$1,223.62	\$449.09
07-Employee+Child+Domestic Partner Child	\$85.00	\$1,223.62	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$120.00	\$1,223.62	\$484.09
09-Employee+Child+Domestic Partner	\$120.00	\$1,223.62	\$692.28
10-Employee+Domestic Partner+Domestic Partner Child	\$120.00	\$1,223.62	\$1,141.37
REGENCE PPO #10008695	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$58.00	\$1,223.62	N/A
02-Employee+Spouse	\$195.00	\$1,223.62	N/A
03-Employee+Child	\$98.00	\$1,223.62	N/A
04-Employee+Family	\$235.00	\$1,223.62	N/A
05-Employee+Domestic Partner	\$195.00	\$1,223.62	\$619.36
06-Employee+Domestic Partner Child	\$98.00	\$1,223.62	\$489.45
07-Employee+Child+Domestic Partner Child	\$98.00	\$1,223.62	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$235.00	\$1,223.62	\$489.46
09-Employee+Child+Domestic Partner	\$235.00	\$1,223.62	\$619.37
10-Employee+Domestic Partner+Domestic Partner Child	\$235.00	\$1,223.62	\$1,108.82
GROUP HEALTH #6432900	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$0.00	\$1,223.62	N/A
02-Employee+Spouse	\$0.00	\$1,223.62	N/A
03-Employee+Child	\$0.00	\$1,223.62	N/A
04-Employee+Family	\$0.00	\$1,223.62	N/A
05-Employee+Domestic Partner	\$0.00	\$1,223.62	\$538.82
06-Employee+Domestic Partner Child	\$0.00	\$1,223.62	\$377.19
07-Employee+Child+Domestic Partner Child	\$0.00	\$1,223.62	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$0.00	\$1,223.62	\$377.20
09-Employee+Child+Domestic Partner	\$0.00	\$1,223.62	\$538.83
10-Employee+Domestic Partner+Domestic Partner Child	\$0.00	\$1,223.62	\$916.02

# Medical, Dental, Vision & Life Insurance/AD&D Monthly Premiums by Category

*Note: These rates apply to regular full-time employees working 35+ hours per week. The rates are pro-rated for part-time employees working 20-34 hours per week.*

<b>CATEGORY I - Teamsters Local 763 Corrections Support Supervisors</b>			
<b>REGENCE SC SELECT #10008695</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$43.00	\$1,182.42	N/A
02-Employee+Spouse	\$166.00	\$1,182.42	N/A
03-Employee+Child	\$74.00	\$1,182.42	N/A
04-Employee+Family	\$196.00	\$1,182.42	N/A
05-Employee+Domestic Partner	\$166.00	\$1,182.42	\$604.28
06-Employee+Domestic Partner Child	\$74.00	\$1,182.42	\$478.09
07-Employee+Child+Domestic Partner Child	\$74.00	\$1,182.42	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$196.00	\$1,182.42	\$479.09
09-Employee+Child+Domestic Partner	\$196.00	\$1,182.42	\$605.28
10-Employee+Domestic Partner+Domestic Partner Child	\$196.00	\$1,182.42	\$1,083.37
<b>REGENCE PPO #10008695</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$58.00	\$1,182.42	N/A
02-Employee+Spouse	\$195.00	\$1,182.42	N/A
03-Employee+Child	\$98.00	\$1,182.42	N/A
04-Employee+Family	\$235.00	\$1,182.42	N/A
05-Employee+Domestic Partner	\$195.00	\$1,182.42	\$619.36
06-Employee+Domestic Partner Child	\$98.00	\$1,182.42	\$489.45
07-Employee+Child+Domestic Partner Child	\$98.00	\$1,182.42	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$235.00	\$1,182.42	\$489.46
09-Employee+Child+Domestic Partner	\$235.00	\$1,182.42	\$619.37
10-Employee+Domestic Partner+Domestic Partner Child	\$235.00	\$1,182.42	\$1,108.82
<b>GROUP HEALTH #6432900</b>	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$0.00	\$1,182.42	N/A
02-Employee+Spouse	\$79.00	\$1,182.42	N/A
03-Employee+Child	\$0.00	\$1,182.42	N/A
04-Employee+Family	\$79.00	\$1,182.42	N/A
05-Employee+Domestic Partner	\$79.00	\$1,182.42	\$459.82
06-Employee+Domestic Partner Child	\$0.00	\$1,182.42	\$377.19
07-Employee+Child+Domestic Partner Child	\$0.00	\$1,182.42	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$79.00	\$1,182.42	\$377.20
09-Employee+Child+Domestic Partner	\$79.00	\$1,182.42	\$459.83
10-Employee+Domestic Partner+Domestic Partner Child	\$79.00	\$1,182.42	\$837.02

## Medical, Dental, Vision & Life Insurance/AD&D Monthly Premiums by Category

*Note: These rates apply to regular full-time employees working 35+ hours per week. The rates are pro-rated for part-time employees working 20-34 hours per week.*

<b>DENTAL PLANS</b>			
<b>WILLAMETTE DENTAL-WA175</b>	<b>Employee-Deduction</b>	<b>Employer-Contribution</b>	<b>Domestic Partner Tax Benefit Rate</b>
01-Employee	\$0.00	\$89.90	N/A
02-Employee+Spouse	\$0.00	\$89.90	N/A
03-Employee+Child	\$0.00	\$89.90	N/A
04-Employee+Family	\$0.00	\$89.90	N/A
05-Employee+Domestic Partner	\$0.00	\$89.90	\$47.00
06-Employee+Domestic Partner Child	\$0.00	\$89.90	\$47.00
07-Employee+Child+Domestic Partner Child	\$0.00	\$89.90	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$0.00	\$89.90	\$29.10
09-Employee+Child+Domestic Partner	\$0.00	\$89.90	\$29.10
10-Employee+Domestic Partner+Domestic Partner Child	\$0.00	\$89.90	\$76.10
<b>DELTA DENTAL OF WASHINGTON PPO #00444</b>	<b>Employee-Deduction</b>	<b>Employer-Contribution</b>	<b>Domestic Partner Tax Benefit Rate</b>
01-Employee	\$0.00	\$89.48	N/A
02-Employee+Spouse	\$0.00	\$89.48	N/A
03-Employee+Child	\$0.00	\$89.48	N/A
04-Employee+Family	\$0.00	\$89.48	N/A
05-Employee+Domestic Partner	\$0.00	\$89.48	\$31.91
06-Employee+Domestic Partner Child	\$0.00	\$89.48	\$50.46
07-Employee+Child+Domestic Partner Child	\$0.00	\$89.48	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$0.00	\$89.48	\$50.46
09-Employee+Child+Domestic Partner	\$0.00	\$89.48	\$31.91
10-Employee+Domestic Partner+Domestic Partner Child	\$0.00	\$89.48	\$82.37
<b>DELTA DENTAL OF WASHINGTON DELTA-CARE #00114</b>	<b>Employee-Deduction</b>	<b>Employer-Contribution</b>	<b>Domestic Partner Tax Benefit Rate</b>
01-Employee	\$0.00	\$79.79	N/A
02-Employee+Spouse	\$0.00	\$79.79	N/A
03-Employee+Child	\$0.00	\$79.79	N/A
04-Employee+Family	\$0.00	\$79.79	N/A
05-Employee+Domestic Partner	\$0.00	\$79.79	\$29.19
06-Employee+Domestic Partner Child	\$0.00	\$79.79	\$62.86
07-Employee+Child+Domestic Partner Child	\$0.00	\$79.79	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$0.00	\$79.79	\$62.86
09-Employee+Child+Domestic Partner	\$0.00	\$79.79	\$29.19
10-Employee+Domestic Partner+Domestic Partner Child	\$0.00	\$79.79	\$92.05

## Medical, Dental, Vision & Life Insurance/AD&D Monthly Premiums by Category

*Note: These rates apply to regular full-time employees working 35+ hours per week. The rates are pro-rated for part-time employees working 20-34 hours per week.*

VISION			
REGENCE VISION #10008695	Employee-Deduction	Employer-Contribution	Domestic Partner Tax Benefit Rate
01-Employee	\$0.00	\$14.09	N/A
02-Employee+Spouse	\$0.00	\$14.09	N/A
03-Employee+Child	\$0.00	\$14.09	N/A
04-Employee+Family	\$0.00	\$14.09	N/A
05-Employee+Domestic Partner	\$0.00	\$14.09	\$7.12
06-Employee+Domestic Partner Child	\$0.00	\$14.09	\$4.99
07-Employee+Child+Domestic Partner Child	\$0.00	\$14.09	\$0.00
08-Employee+Spouse+Domestic Partner Child	\$0.00	\$14.09	\$4.98
09-Employee+Child+Domestic Partner	\$0.00	\$14.09	\$7.11
10-Employee+Domestic Partner+Domestic Partner Child	\$0.00	\$14.09	\$12.10

BASIC LIFE/AD&D		
The Hartford	Coverage	Employer Contribution
Class 1 - Category A, B, E Basic Life	\$40,000.00	\$4.28
Class 1 - Category A, B, E AD&D	\$40,000.00	
Class 2 - Outside Districts Basic Life	\$40,000.00	\$4.28
Class 2 - Outside Districts AD&D	\$40,000.00	
Class 3 - Category D Basic Life	\$60,000.00	\$5.22
Class 3 - Category D AD&D	\$20,000.00	
Class 4 - Category C, F, G, H & I Basic Life	\$40,000.00	\$3.68
Class 4 - Category C, F, G, H & I AD&D	\$20,000.00	